(BPSD), over the same time period to evaluate whether the number of BPSD admissions has changed since the existence of the team.

Results. The number of overall admissions to Heather ward decreased from 43 to 32. The number of detained patients remained the same, 13 patients over the 5 month period. Looking more closely at the nature of some of the hospital admissions, a referral was not made to the crisis service for some of the admitted patients.

Conclusion. The team have been providing this service for just over a year, including the three month pilot. The limited data does not show enough evidence that the crisis service reduces rates of hospital admission. As this is a new service, there is much work to be done to increase the profile of the team. We would like to re-evaluate the admission data after more information has been disseminated to referrers about the service and the support they offer.

Naltrexone Treatment for Methamphetamine Dependence – Service Evaluation Audit

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Aims. There is an emerging evidence base to support the benefit of naltrexone prescription in methamphetamine dependence. This audit assesses prescribing practice and benefit of naltrexone in a specialist NHS drug service based in West London. The process for initiation and monitoring of naltrexone in the service was compared with best practice recommendations.

A patient with methamphetamine dependence can be referred to a psychiatrist in order to consider naltrexone treatment. Naltrexone works by reducing cravings, thereby assisting with abstinence. Liver function is checked and then naltrexone is made available by an FP10 prescription. Follow up is then conducted in order to ascertain whether a continuation of naltrexone is indicated.

Methods. Patients prescribed naltrexone were identified using a hand-written prescription record. Each case file was audited for prescribing metrics, substance misuse pattern, diagnoses, past treatments, efficacy, tolerability and length of prescription. Information was manually collected from the SystmOne case notes and anonymously entered into a spreadsheet under headed topics.

Results. Data was collected from 1st April 2019 to 1st June 2023 which identified 28 patients. All patients had keyworker involvement and physical health checks. GHB/GBL was the most common comorbid substance. 18 of the 28 patients took naltrexone for longer than one week. 16 reported benefit with cravings. 6 were abstinent from methamphetamine and 10 were seen to have a partial response (periods of abstinence/lessened use). 9 of the 18 patients reported one or more side effects, most commonly nausea.

Conclusion. The service meets best practice guidelines with regards to keyworker involvement, physical checks and follow-up reviews. Improvements could be made with regards to accurate diagnostic coding. Given the prevalence of side effects, it would be important to discuss options to mitigate these, as well as the importance of continuation of naltrexone (if tolerated) for at least four weeks. The offer of written information should be recorded. The tolerability and efficacy of naltrexone is in keeping with data from randomised controlled trials, which helps to inform patients and clinicians that naltrexone is an effective, safe treatment for methamphetamine dependence.

Predictors of Readmission to an Acute Psychiatric Inpatient Unit

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Aims. The Acute Mental Health Inpatient Centre is an 80 bed acute psychiatric inpatient unit in Belfast. The inpatient unit is frequently over capacity resulting in the use of contingency beds or delays in accessing acute inpatient care. Readmissions to hospital after discharge remain a challenge for the service. A service evaluation project was designed to quantify the number of patients being readmitted and determine demographic and diagnostic variables associated with risk of readmission.

Methods. 1084 sequential discharges were examined between Jan 2022 and Feb 2023. Age, gender and length of stay (LOS) were determined.

For each case it was determined whether or not the case was a readmission, defined as having been discharged within the previous three months.

Diagnosis was available on 1017 (94%) cases and was categorized as schizophrenia/non-affective psychosis, bipolar affective disorder, non-psychotic mental illness, personality disorder, adjustment disorder, substance misuse disorder and dementia/cognitive impairment.

Social deprivation status was determined for each case based on the address of admission and using social deprivation data from the Northern Ireland census, 2017.

Outcome of discharge was readmission at one week, one month and three months.

Results. For the entire cohort, readmission rates at one week, one month and three months were 5.1%, 13.6% and 20.7% respectively.

Risk of readmission was significantly increased in cases with a diagnosis of personality disorder, a LOS under two weeks and female gender.

Individuals who had been readmitted to hospital within three months of the index admission were significantly more likely to be readmitted in the subsequent three months.

Data on social deprivation is currently undergoing analysis and will be available in due course.

Logistic regression was performed to determine how the variables impacted on risk of readmission at 3 months. In the final model, diagnosis of personality disorder (OR 3.1; 95% CI 2.0, 4.7; $p < 0.001$), diagnosis of schizophrenia (OR 1.8; 95% CI 1.1, 2.7; $p < 0.01$), the admission being a readmission (OR 3.4; 95% CI 2.4, 5.0; $p < 0.001$), a LOS less than 2 weeks (OR 1.9; 95% CI 1.3, 2.7; $p < 0.001$) and female gender (OR 1.7; 95% CI 1.2, 2.4; $p < 0.01$) all predicted readmission within three months.

Conclusion. The service evaluation project has allowed individuals at a higher risk of readmission to be identified. This study